

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2017 OF THE CONDITION AND AFFAIRS OF THE

Blue Cross Complete of Michigan LLC

·	00572 rent Period)		NAIC Company	Code1155	7 Employer	's ID Number _	47-2582248		
Organized under the Laws of	of	Michigan		, State of Domic	ile or Port of Entry		Michigan		
Country of Domicile				— United States	·				
Licensed as business type:	•	dent & Health []	Property/Cas	sualty [] se Corporation []	•		vice or Indemnity []		
	Other [] Is HMO, Federally Qualified? Yes [] No [X]								
Incorporated/Organized		12/18/2014	Co	mmenced Busines	ss	01/01/2003			
Statutory Home Office		100 Galleria Officer	tre, Suite 210	,	South	nfield, MI, US 48	3034		
		(Street and Nu	ımber)	(City or Town, State, Country and Zip Code)					
Main Administrative Office				200 Stevens					
Philad	delphia. P <i>l</i>	ı, US 19113		(Street and Nur	nber) 215-937-	8000			
		intry and Zip Code)			(Area Code) (Telep				
Mail Address		alleria Officentre, Suite	210	,		, MI, US 48034			
(Street and Number or P.O. Box)				200		te, Country and Zip C	(ode)		
Primary Location of Books and Records					Stevens Drive (reet and Number)				
Philadelphia, PA, US 19113 (City or Town, State, Country and Zip Code)					215-937-				
					Area Code) (Telephone	Number) (Extension)	,		
nternet Web Site Address				iBlueCrossComple		10 000 7007			
Statutory Statement Contact	atutory Statement Contact Paul Edward Stevenson (Name)					8-663-7997 elephone Number) (E	extension)		
pstevenson	@miblueci (E-Mail Add	rosscomplete.com			248-663- (Fax Num				
	(2				(i ax i taii	.20.7			
			OFFICE	ERS					
Name		Title		Nar		Title			
Steven Harvey Bohn James Michael Jernig		Treasure Presiden		Robert Edward	i ootie, Esquire ,	, Secretary			
			OTHER OF	FICERS					
	·	DIRE	CTORS OF	TDUSTEE					
Eileen Mary Coggins Kevin Matthew Barowic		James Michael J		R TRUSTEES Mark Robe		Lynd	la Marie Rossi		
State of	Pennsylvani								
County of	Philadelphia	ss 1							
The officers of this reporting en above, all of the herein describe that this statement, together will liabilities and of the condition and have been completed in accommany differ; or, (2) that state rule knowledge and belief, respective when required, that is an exact regulators in lieu of or in additional control of the control of t	ed assets with related end affairs of cordance wies or regularely. Further copy (exce	ere the absolute property of xhibits, schedules and exp the said reporting entity as the the NAIC Annual Statem ions require differences in more, the scope of this atte pt for formatting difference	of the said reporting of contact the said reporting per tent Instructions and reporting not related estation by the description.	entity, free and clear ntained, annexed or iod stated above, and Accounting Practices to accounting practii ibed officers also incl	from any liens or cla referred to, is a full d of its income and d and <i>Procedures</i> mar ces and procedures, ludes the related con	ims thereon, exce and true statement eductions therefrontial except to the according to the responding electrons	ept as herein stated, and ent of all the assets and om for the period ended, extent that: (1) state law best of their information, onic filing with the NAIC.		
Steven_Harve			Robert Edward To			James Michae			
Treasu	ırer		Secreta	ary		Preside	ent		
Subscribed and sworn to b		his uary, 2018		b.	Is this an original f If no: 1. State the amend 2. Date filed	dment number	Yes [X] No []		
				;	3. Number of page	s attached			

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

				-	1	_
None of Dobber	2 4 20 D	3	4	5	6	/ A dustitus d
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						·····
Group subscribers:						
						
						ļ
						ļ
						ļ
						ļ
0299997 Group subscriber subtotal	0	0	0	<u> </u> 0	0	0
0299998 Premiums due and unpaid not individually listed						
0299999 Total group	10	l0	L0	L0	L0	L0
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities	16,319,860	16,090,496	16,266,779	7,173,382		55,850,517
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	16,319,860			7,173,382	0	55,850,517
occood recording and neutral promitting data and ampaire (1 ago 2, Ellio 10)	1 10,010,000	10,000,100	10,200,110	1,110,002		00,000,011

EXHIBIT 3 - HEALTH CARE RECEIVABLES

		<u> </u>				
1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 - Aggregate of amounts not individually listed shows	309,256	309,256	309,256	885,097	885,097	927,768
0199998 - Aggregate of amounts not individually listed above. 0199999 - Pharmaceutical Rebate Receivables	309,256	309,256	309.256	885,097	885,097	927,768
0730309 - Mariadeutrean hobate Nedervanies	6,809	303,230	303,230	000,007	6.809	321,100
0299998 - Aggregate of amounts not individually listed above. 0299999 - Claim Overpayment Receivables	6,809	0	0	0	6,809	0
Other Receivables	0,003	U U	0	0	0,003	0
Michiga Doortmont of Community Health		0.1	۸۱	ο Ι	0.1	1,702,405
Michigan Department of Community Health. 0699999 - Other Receivables	1,702,405					1,702,405
0039393 - Other Receivables	1,702,400	U	0	U	0	1,702,400
			•••••••••••••••••••••••••••••••••••••••			
]				
0799999 Gross Health Care Receivables	2.018.470	309.256	309.256	885.097	891.906	2.630.173

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

		eivables Collected		eivables Accrued	5	6
Type of Health Care Receivables	During t 1 On Amounts Accrued Prior to January 1 of Current Year	2	3 On Amounts Accrued	On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	1,167,780	1,560,742		1,812,865	1,167,780	1,174,154
Claim overpayment receivables	1,007,324	29 , 160 , 539		6,809	1,007,324	474,501
Loans and advances to providers					0	
4. Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables	1,310,250	22,521,419		1,702,405	1,310,250	1,310,250
7. Totals (Lines 1 through 6)	3,485,354	53,242,700	0	3,522,079	3,485,354	2,958,905

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims							
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total	
Claims Unpaid (Reported)	1 30 Bays	01 00 Bays	01 00 Days	51 120 Days	Over 120 Bays	Total	
0199999 Individually listed claims unpaid	0			Λ	Λ		
0299999 Aggregate accounts not individually listed-uncovered							
0399999 Aggregate accounts not individually listed-covered	11,341,622	534,586				11,876,20 11,876,20	
0499999 Subtotals	11,341,622	534,586	0	0	0	11,876,20	
0599999 Unreported claims and other claim reserves						57,262,67	
0699999 Total amounts withheld 0799999 Total claims unpaid						69,138,88	
0899999 Accrued medical incentive pool and bonus amounts						4,542,06	

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	1 1	5	6	Adm	itted
'	2	J	7		ľ	7	0
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
	1 - 30 Days	31 - 00 Days	01 - 90 Days	Over 90 Days	Nonaumiteu		Non-Current
AmeriHealth Caritas Health Plan	5,000,000			 		5,000,000	
Michigan Medicaid Holdings Company	5,000,000					5,000,000	
]			
			 	ł	 		
				ł	 		
	40,000,000	ļ	ł	ł	ł	40.000.000	
0199999 Individually listed receivables	10,000,000	0	ļ0	J0	ļ	10,000,000	0
0299999 Receivables not individually listed	163,420				163,420		
0399999 Total gross amounts receivable	10,163,420	0	0	0	163,420	10,000,000	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
AmeriHealth Caritas Services, LLC	ministrative and Staffing Services.	6,788,753	6,788,753	
	1			
0199999 Individually listed payables		6,788,753 153,519	6,788,753 153,519	0
0299999 Payables not individually listed		153,519	153,519	
0399999 Total gross payables		6,942,272	6,942,272	0

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups		0.4	156,892	77 .3		3,219,809
2. Intermediaries	0			0.0		
3. All other providers	211,551,539	27 .4	202,898	100.0		211,551,539
4. Total capitation payments	214,771,348	27 .9	359,790	177 .3	0	214,771,348
Other Payments:						
5. Fee-for-service	0	0.0	xxx	XXX		
6. Contractual fee payments	549, 178, 346	71.3	xxx	XXX	,	549,178,346
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
Bonus/withhold arrangements - contractual fee payments	6,793,348	0.9	xxx	XXX		6,793,348
9. Non-contingent salaries	0	0.0	xxx	XXX		
10. Aggregate cost arrangements	0	0.0	xxx	XXX		
11. All other payments	0	0.0	xxx	XXX		ļ
12. Total other payments	555,971,694	72.1	XXX	XXX	0	555,971,694
13. Total (Line 4 plus Line 12)	770,743,042	100 %	XXX	XXX	0	770,743,042

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EXHIBIT 7 - PART 2 - SUMMART OF TRANSACTIONS	<u> </u>	CINICALVIC	<u> </u>	
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
			1		
			1		
			1	<u> </u>	
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		-	-		
		.		ļ	ļ
		.			
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Blue Cross Complete of Michigan LLC REPORT FOR: 1. CORPORATION

IAIO O O	- haratara				0017			(LOCATION)	C Company Code	44557
IAIC Group Code 00572 BUSINESS IN THE STATE OF	- Michigan	Compre	hensive	DURING THE YEAR	2017			NA)	C Company Code	11557
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	173,816								173,816	
2 First Quarter	181,145								181 , 145	
3 Second Quarter	193,775								193,775	
4. Third Quarter	199,639								199,639	
5. Current Year	202,898								202,898	
6 Current Year Member Months	2,315,784								2,315,784	
Total Member Ambulatory Encounters for Year:										
7. Physician	1,390,419								1,390,419	
8. Non-Physician	265,328								265,328	
9. Total	1,655,747	0	0	0	0	0	0	0	1,655,747	
10. Hospital Patient Days Incurred	103,476								103,476	
11. Number of Inpatient Admissions	20,487								20,487	
12. Health Premiums Written (b)	886 , 440 , 196								886,440,196	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	886 , 440 , 196								886 , 440 , 196	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	770 ,743 ,042								770 ,743 ,042	
18. Amount Incurred for Provision of Health Care Services	787,753,397								787,753,397	

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Blue Cross Complete of Michigan LLC

2.

								(LOCATION)		
AIC Group Code 00572 BUSINESS IN THE STATE OF	Consolidated			DURING THE YEAR	2017			NA	IC Company Code	11557
	1	Compret (Hospital &	Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	173,816	0	0	0	0	0	0	0	173,816	
2 First Quarter	181,145	0	0	0	0	0	0	0	181,145	
3 Second Quarter	193,775	0	0	0	0	0	0	0	193,775	
4. Third Quarter	199,639	0	0	0	0	0	0	0	199,639	
5. Current Year	202,898	0	0	0	0	0	0	0	202,898	
6 Current Year Member Months	2,315,784	0	0	0	0	0	0	0	2,315,784	
Total Member Ambulatory Encounters for Year:										
7. Physician	1,390,419	0	0	0	0	0	0	0	1,390,419	
8. Non-Physician	265,328	0	0	0	0	0	0	0	265,328	
9. Total	1,655,747	0	0	0	0	0	0	0	1,655,747	
10. Hospital Patient Days Incurred	103,476	0	0	0	0	0	0	0	103,476	
11. Number of Inpatient Admissions	20,487	0	0	0	0	0	0	0	20,487	
12. Health Premiums Written (b)	886 , 440 , 196	0	0	0	0	0	0	0	886,440,196	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	886,440,196	0	0	0	0	0	0	0	886 , 440 , 196	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	770 ,743 ,042	0	0	0	0	0	0	0	770 ,743 ,042	
18. Amount Incurred for Provision of Health Care Services	787,753,397	0	0	0	0	0	0	0	787,753,397	

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......

Schedule S - Part 1 - Section 2 NONE

Schedule S - Part 2

NONE

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SCHEDULE S - PART 3 - SECTION 2

Dainauranaa Cada	l Assidant and Hasith Inc., vanca	Listed by Deinerring Company	as of December 31. Current Year
Reinsurance Geoed	i Accident and Health Insurance	Listed by Reinsuring Company a	as of December 31. Current Year

			Re	insurance Ceded			d by Reinsuring Comp	pany as or Decem	iber 31, Current Year				
1 1					6	7			1				
1 1	2	3	4	5			8	9	10	Outstanding S	Surplus Relief	13	14
NAIC			Name		Type of	Type of		Unearned	Reserve Credit	11	12	Modified	
Company	ID	Effective	of	Domiciliary	Reinsurance	Business		Premiums	Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Date	Company	Jurisdiction	Ceded	Ceded	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
			es - U.S. Non-Affiliates	Uditioni	Ocaca	Ocaca	1 Territariis	(LStimated)	Official feet Territorias	Odifcht Teal	i noi reai	T TOSCIVE	Orider Comparance
60739	74 0494030	01/01/2017	AMERICAN NATL INS CO	TX	SSL/1/A	MC	1,614,655		1			T	
00739	14-0404030		AMENICAN NAIL ING CO	∧			1,614,655			^		^	
0899999 -	General Account	- Authorized - N	Non-Affiliates - U.S. Non-Affiliates					0		0	0	· ·	0
1099999 -	General Account	- Authorized - N	Non-Affiliates - Total Authorized Non-Affiliates				1,614,655	0	*	0	0	0	0
			Total General Account Authorized				1,614,655		0	U	0	0	0
3499999 -	General Account	- lotal General	Account Authorized, Unauthorized and Certified				1,614,655	0		0	0	0	0
6999999 -	Total U.S. (Sum	of 0399999, 0899	9999, 1499999, 1999999, 2599999, 3099999, 3799999	9, 4299999, 4899999,	5399999, 5999999 and	d 6499999)	1,614,655	0	0	0	0	0	0
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9999999	Totals			•			1,614,655	0	0	0	0	0	0

Schedule S - Part 4

Schedule S - Part 5

NONE

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

		(\$000	Omitted)	3	4	5
		2017	2016	2015	2014	2013
A. OPI	ERATIONS ITEMS					
1. P	remiums	0	0	0	0	0
2. Ti	itle XVIII-Medicare	0	0	0	0	0
3. Ti	itle XIX-Medicaid	1,615	1,379	4,092	3,196	428
4. C	ommissions and reinsurance expense allowance	0	0	0	0	0
5. To	otal hospital and medical expenses	1,430	769	(1,345)	3,592	2,376
B. BAI	LANCE SHEET ITEMS					
6. P	remiums receivable	0	0	0	0	0
7. C	laims payable	0	0	250	2,869	1,714
8. R	einsurance recoverable on paid losses	0	0	0	0	0
9. E	xperience rating refunds due or unpaid	0	0	0	0	0
10. C	ommissions and reinsurance expense allowances due.	0	0	0	0	0
11. U	nauthorized reinsurance offset	0	0	0	0	0
12. O	ffset for reinsurance with Certified Reinsurers	0	0	0	0	0
C UN	AUTHORIZED REINSURANCE (DEPOSITS BY AND					
	NDS WITHHELD FROM)					
13. Fı	unds deposited by and withheld from (F)	0	0	0	0	0
	etters of credit (L)			0	0	0
	rust agreements (T).	0	0	0	0	0
	ther (O)		0	0	0	0
.0. 0		•	-			
	NSURANCE WITH CERTIFIED REINSURERS POSITS BY AND FUNDS WITHHELD FROM)					
,						
17. M	lultiple Beneficiary Trust	0	0	0	0	0
18. Fլ	unds deposited by and withheld from (F)	0	0	0	0	0
19. Le	etters of credit (L)	0	0	0	0	0
20. Tr	rust agreements (T)	0	0	0	0	0
21. O	ther (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	160 , 457 , 402		160 , 457 , 402
2.	Accident and health premiums due and unpaid (Line 15)	55,850,517		55,850,517
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance	xxx	0	0
5.	All other admitted assets (Balance)	13,567,867		13,567,867
6.	Total assets (Line 28)	229,875,786	0	229,875,786
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	69,138,884	0	69 , 138 ,884
8.	Accrued medical incentive pool and bonus payments (Line 2)	4,542,066		4,542,066
9.	Premiums received in advance (Line 8)	0		0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.				0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	81,282,540		81,282,540
15.	Total liabilities (Line 24)	154,963,490	0	154,963,490
16.	Total capital and surplus (Line 33)	74,912,296	XXX	74,912,296
17.	Total liabilities, capital and surplus (Line 34)	229,875,786	0	229,875,786
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool.	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated By States and Territories

States, Etc. 1. Alabama 2. Alaska 3. Arizona 4. Arkansas 5. California 6. Colorado 7. Connecticut	AR CA CO	1 Life (Group and Individual)	Annuities (Group and Individual)	3 Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AK AZ AR CA	(Group and		(Group and	(Group and		Totals
1. Alabama	AK AZ AR CA	Individual)	and Individual)	Individual)	Individual)	Contracts	Totals
2. Alaska 3. Arizona 4. Arkansas 5. California 6. Colorado 7. Connecticut	AK AZ AR CA						1
3. Arizona 4. Arkansas 5. California 6. Colorado 7. Connecticut	AZ AR CA				i	ļ	
4. Arkansas 5. California 6. Colorado 7. Connecticut	AR CA CO						
5. California 6. Colorado 7. Connecticut	CA						
6. Colorado	CO						
7. Connecticut							
0 D I	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida							
11. Georgia							
	HI						
13. Idaho							
14. Illinois	IL		-	····	····	ļ	
15. Indiana				ļ		ļ	ļ
16. lowa	JA		.				
17. Kansas	KS		.				
18. Kentucky	KY						
19. Louisiana							
20. Maine	ME						
21. Maryland							
22. Massachusetts							
3-	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	MT						
28. Nebraska	NE						
29. Nevada							
		······································					
30. New Hampshire							
31. New Jersey							
32. New Mexico							
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma							
38. Oregon	OR						
	-						
39. Pennsylvania							
40. Rhode Island			·	·	l	 	·
41. South Carolina	SC		-	ļ	ļ	ļ	ļ
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX						
45. Utah							
46. Vermont	VT						
47. Virginia		•					
-							
48. Washington			-				
49. West Virginia							
50. Wisconsin				ļ	ļ	ļ	ļ
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam				ļ	İ	l	L
54. Puerto Rico							
55. US Virgin Islands				İ			
						ļ	
56. Northern Mariana Islands							
57. Canada						ļ	
58. Aggregate Other Alien	TO						

1	2	3	4	5	6	7	8	1 9	10	11	12	13	14	15	16
Group Code	2 Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to		Type of Control (Ownership, Board, Management, Attorney-in-Fact,	If Control is Ownership Provide		Is an SCA Filing Required?	*
00572	BC/BS of Michigan Mutual	54291	38-2069753				Blue Cross Blue Shield of Michigan Mutual Insurance Company	M I	RE	State of Michigan	Legal			N	
00572	BC/BS of Michigan Mutual		27-0521030				Accident Fund Holdings, Inc		DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company.	Ownership		Blue Cross Blue Shield of Michigan Mutual Insurance Company	V	
	BC/BS of Michigan Mutual												Blue Cross Blue Shield of Michigan Mutual Insurance		
00572	Insurance CoBC/BS of Michigan Mutual	. 00000	00-9789424				.AF Global Capital, Ltd Accident Fund Insurance Company	GBR	DS	Accident Fund Holdings, Inc	Ownership		Company	N	
00572	Insurance Co	. 10166	38-3207001				of America	MI	DS	Accident Fund Holdings, Inc	Ownership	100.0	Company Blue Cross Blue Shield of Michigan	N	
00572	BC/BS of Michigan Mutual Insurance Co	. 00000	26-4728075				. Affinity Services, LLC	MI	DS	Accident Fund Holdings, Inc	.Ownership	100.0	Mutual Insurance CompanyBlue Cross Blue Shield of Michigan	N	
00572	BC/BS of Michigan Mutual Insurance Co	. 00000	32-0550098				.Fundamental Agency, Inc	WI	DS	Accident Fund Holdings, Inc	.Ownership	100.0	Mutual Insurance CompanyBlue Cross Blue Shield of Michigan	N	
00572	BC/BS of Michigan Mutual Insurance Co	. 29157	39-0941450				United Wisconsin Insurance Company	WI	DS	Accident Fund Insurance Company of America	Ownership	100.0	Mutual Insurance CompanyBlue Cross Blue	N	
00572	BC/BS of Michigan Mutual Insurance Co	. 12304	20-3058200				Accident Fund General Insurance	MI	DS	Accident Fund Insurance Company of America	Ownership	100.0	Shield of Michigan Mutual Insurance CompanyBlue Cross Blue	N	
00572	BC/BS of Michigan Mutual Insurance Co	. 12305	20-3058291				Accident Fund National Insurance Company	MI	DS	Accident Fund Insurance Company of America	.Ownership	100.0	Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual	. 10713	36-4072992				.Third Coast Insurance Company	WI	DS	Accident Fund Insurance Company of America	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
	BC/BS of Michigan Mutual	. 12177	20-1117107					CA	DS	Accident Fund Insurance Company of America	.Ownership		Blue Cross Blue Shield of Michigan Mutual Insurance Company		

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
		NAIC			-	Name of Securities Exchange if Publicly	Names of		Relationship		Type of Control (Ownership, Board, Management,	If Control is		Is an SCA Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)		Entity(ies)/Person(s)	(Y/N)	*
	İ					Í					,		Blue Cross Blue	<u> </u>	
	DO 100 6 W									Blue Cross Blue Shield of			Shield of Michigan		
00570	BC/BS of Michigan Mutual	00000	00 4400004				1:6-0	4.7	D0	Michigan Mutual Insurance	O	00.0	Mutual Insurance		
00572	Insurance Co.	. 00000	20-1420821	-			LifeSecure Holdings Corporation.	AZ	DS	. Company	Ownership	80.0	CompanyBlue Cross Blue	- ····································	
													Shield of Michigan		
	BC/BS of Michigan Mutual									LifeSecure Holdings			Mutual Insurance		
00572	Insurance Co.	77720	75-0956156				LifeSecure Insurance Company	MI	DS	Corporation	Ownership.	80.0	Company	l N	
													Blue Cross Blue		
										Blue Cross Blue Shield of			Shield of Michigan		
	BC/BS of Michigan Mutual									Michigan Mutual Insurance			Mutual Insurance		
00572	Insurance Co	95610	38-2359234				Blue Care Network of Michigan	MI	DS	. Company	Ownership	100.0	Company	N	
										Blue Cross Blue Shield of			Blue Cross Blue Shield of Michigan		
	BC/BS of Michigan Mutual						Michigan Medicaid Holdings			Michigan Mutual Insurance			Mutual Insurance		
00572	Insurance Co.	00000	45-3854611				Company	MI	DS		Ownership	100.0	Company	l v	
00012	111301 01100 00:		40 0004011				Company			- Company	0 #1101 3111 p	1	Blue Cross Blue	'	
													Shield of Michigan		
	BC/BS of Michigan Mutual						Blue Cross Complete of Michigan			Michigan Medicaid Holdings			Mutual Insurance		
00572	Insurance Co	. 11557	47-2582248				LLC	MI	DS	Company	Ownership	50.0	Company	N	
													Blue Cross Blue		
	DO (DO of Michigan Motor)												Shield of Michigan		
00572	BC/BS of Michigan Mutual Insurance Co.	00000	38-3134881				BCN Service Company	MI	DS	Blue Care Network of Michigan	Ownerchin	100.0	Mutual Insurance Company	l v	
00372	I mourance co		30-3134001	-			bon service company	JW I	טע	Thrue care network or wichigan.	ownership	100.0	Blue Cross Blue	'	
										Blue Cross Blue Shield of			Shield of Michigan		
	BC/BS of Michigan Mutual									Michigan Mutual Insurance			Mutual Insurance		
00572	Insurance Co	52037	38-2536979				Blue Care of Michigan, Inc	MI	DS	. Company	Ownership	100.0	Company	N	
										, ,	· ·		Blue Cross Blue		
													Shield of Michigan		
00570	BC/BS of Michigan Mutual	00000	00 0000500				Blue Cross and Blue Shield of	l MI	D0	Discourse of Michigan Lan	Owner and his	400.0	Mutual Insurance Company	١,,,	
00572	Insurance Co.	00000	38-2338506	-			Michigan Foundation	JN I	DS	Blue Care of Michigan, Inc	Ownersnip	100.0	Blue Cross Blue	N	
				1					1	Blue Cross Blue Shield of		1	Shield of Michigan		
	BC/BS of Michigan Mutual						Woodward Straits Insurance			Michigan Mutual Insurance			Mutual Insurance		
00572	Insurance Co	15649	47-2221114				Company	MI	DS		Ownership	100.0	Company	N	
							, , , , , , , , , , , , , , , , , , , ,		1	' ' '	* · * · · · F		Blue Cross Blue		
										Blue Cross Blue Shield of			Shield of Michigan		
00570	BC/BS of Michigan Mutual		04 0400455				Loopy o	l	l	Michigan Mutual Insurance			Mutual Insurance		
00572	Insurance Co	00000	81-3438452	.			COBX Co	MI	NIA	Company	Ownership	100.0	Company	N	
													Blue Cross Blue		
	BC/BS of Michigan Mutual			1					1			1	Shield of Michigan Mutual Insurance		
00572	Insurance Co	00000	47 - 5653683	1			Visiant Holdings, Inc	MI	NIA	COBX Co	Ownership	100 0	Company	V	
JUUI Z	4ai ailoo oo	.,					4 · 10 raint 110 rainigo, 1110	4		. OODA OO	v "1101 σ111 β		Oompany	4!	

								•	1	1	•		T		
1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
Code	Group Name	Code	Nullibei	ROOD	CIR	international)	Of Affiliates	Location	Littly	(Name of Littley/Ferson)	illiliderice, Other)	reiceillage	Blue Cross Blue	(1/11)	
00572	BC/BS of Michigan Mutual Insurance Co	00000	11-3738370				ikaSystems Corporation	DE	NIA	Visiant Holdings, Inc (formerly SBBX Co)	Ownership	100.0	Shield of Michigan Mutual Insurance Company Blue Cross Blue	N	
00572	BC/BS of Michigan Mutual Insurance Co	00000	58-1767730				NASCO Corporation	GA	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	19.5	Shield of Michigan Mutual Insurance Company	N	
	BC/BS of Michigan Mutual									Blue Cross Blue Shield of Michigan Mutual Insurance			Blue Cross Blue Shield of Michigan Mutual Insurance		
00572	. Insurance Co	00000	27 - 1038374				BH Assets, LLC	DE	NIA	Company	Ownership	28.7	CompanyBlue Cross Blue	N	
00572	BC/BS of Michigan Mutual Insurance Co	00000	45-1259278				EIN Properties LLC	MI	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	.Ownership	40.0	Shield of Michigan Mutual Insurance CompanyBlue Cross Blue	N	
00572	BC/BS of Michigan Mutual Insurance Co	00000	47 - 4522025				Tessellate Holdings, LLC	DE	NIA	COBX Co	Ownership	100.0	Shield of Michigan Mutual Insurance CompanyBlue Cross Blue	N	
00572	BC/BS of Michigan Mutual Insurance Co	00000	45-3742721				Tessellate, LLC (dba DDDS)	DE	NIA	Tessellate Holdings, LLC (formerly DDDS, Holdings, LLC)	Ownership	70.1	Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual Insurance Co	00000	45-1062167				NDBH Holding Company, LLC	MO	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	10.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual	00000	43-1698690				New Directions Behavioral Health, LLC	MO	NIA	NDBH Holding Company, LLC	Ownership	99 0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
	BC/BS of Michigan Mutual						,				, , , , , , , , , , , , , , , , , , , ,	00.7	BCBSM and IBC MH LLC		
00572	Insurance Co.	00000	30-0703311				BMH LLC	DE	NIA	IBC MH LLC	Ownership	38.7	BCBSM and IBC MH	N	
00000		00000	38-3946080				BMH SUBCO I LLC	DE	NIA	BMH LLC	Ownership	38.7	LLC	N	
00000		00000	80-0768643				BMH SUBCO II LLC	DE	NIA	BMH LLC.	Ownership.	38.7	BCBSM and IBC MH LLC	N	
							AmeriHealth Caritas Services,			BMH LLC.	· '		BCBSM and IBC MH		
00000			45-5415725	-			LLU	DE	NIA		Ownership	38.7	BCBSM and IBC MH	N	
00000		00000	23-2859523				AmeriHealth Caritas Health Plan.	PA	NIA	BMH SUBCO I LLC	. Ownership	19.4	BCBSM and IBC MH	N	
00000		00000	23-2859523				AmeriHealth Caritas Health Plan.	PA	NIA	BMH SUBCO II LLC	Ownership	19.4	LLC	N	
00000		14143	27-3575066				AmeriHealth Caritas Louisiana, Inc.	LA	IA	AMHP Holdings Corp	Ownership	38.7	BCBSM and IBC MH	l N	
00000			57 - 1032456				Select Health of South Carolina, Inc.	SC		AMHP Holdings Corp	Ownership	38.7	BCBSM and IBC MH	NI NI	
00000		90400	JI - 103Z430			l	vai viilla, III	J	I A	.[AMILIE HOTUTHYS COTP	.1 OMUGL2111b		LLV	N	

					0	-			10	T 44	1 40	10	1 44	15 1	
1	2	3	4	5	6	7 Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Securities					(Ownership,				
		NAIG				Exchange if	Nonces		Relationship		Board,	If Control is		Is an SCA	
Group		NAIC Company	ID	Federal		Publicly Traded (U.S. or	Names of Parent, Subsidiaries	Domiciliary	to Reporting	Directly Controlled by	Management, Attorney-in-Fact,	Ownership Provide	Ultimate Controlling	Filing Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)		Entity(ies)/Person(s)	(Y/N)	*
						,	AmeriHealth Caritas Indiana,			AmeriHealth Caritas Health			BCBSM and IBC MH		
00000		00000	. 20-4948091				LLC	IN	NIA	Plan	Ownership	38.7	LLCBCBSM and IBC MH	N	
00000		15800	47 - 3923267				AmeriHealth Caritas Iowa. Inc	I A	IA	AMHP Holdings Corp	Ownership	38.7	LLC	l N	
00000		10000					Transferred to to to to to to to to to to to to to			AmeriHealth Caritas Health			BCBSM and IBC MH	1	
00000		00000	. 26-1809217				Perform RX IPA of New York, LLC.	NY	NIA	Plan	Ownership	38.7	LLC	N	
00000		00000	26-1144363				AMHP Holdings Corp	PA	NIA	AmeriHealth Caritas Health	Ownership	38.7	BCBSM and IBC MH LLC	l N	
100000							Community Behavioral Healthcare	/			. Owner sirrp		BCBSM and IBC MH	1	
00000		00000	25-1765391				Network of Pennsylvania, Inc	PA	NIA	AMHP Holdings Corp	Ownership	38.7	LLC	N	
										Community Behavioral			DODOMI IDO MII		
00000		13630	26-0885397				CBHNP Services. Inc	PA	IA	Healthcare Network of Pennsylvania, Inc	Ownership	38.7	BCBSM and IBC MH LLC	l N	
i i							Jobana Corvious, mo			AmeriHealth Caritas Health	. o #1101 o111 p		BCBSM and IBC MH	1	
00000		14378	45-4088232				Florida True Health, Inc	FL	IA	Plan	Ownership	19.4	LLC	N	
00000		00000	61-1847073				AmeriHealth Caritas Delaware,	DE	NIA	AMHP Holdings Corp	Ownership.	38.7	BCBSM and IBC MH LLC	l N	
100000		00000	.01-104/0/3				1110	⊔∟	NIA	Amili Hordrigs corp	. Owner simp		BCBSM and IBC MH		
00000		00000	61-1720226				Community Care of Florida, LLC	FL	NIA	Florida True Health, Inc	Ownership	9.9	III C	N	
00000		15088	46-1482013				AmeriHealth District of Columbia, Inc.	DC	IA	AMHP Holdings Corp	Ownorship	20.7	BCBSM and IBC MH	N .	
00000		10000	. 40 - 1402013					JDU	A	AMP HOTOTHISS COTP	Ownership	J30.1	LLCBCBSM and IBC MH	1	
00000		15104	46-0906893				AmeriHealth Michigan, Inc	MI		AMHP Holdings Corp	Ownership	38.7	LLC	N	
00000		00000	00 4444007				Annual Haraldh Orall Annual Tanana I an	TV	NII A	AMUD Haldiana Oana	O	00.7	BCBSM and IBC MH		
00000		00000	82-1141687				AmeriHealth Caritas Texas, Inc.	TX	NIA	AMHP Holdings Corp AmeriHealth Caritas Health	Ownership	38.7	LLCBCBSM and IBC MH	N	
00000		14261	45-3790685				AmeriHealth Nebraska, Inc.	NE	IA	Plan.	Ownership	27.1	LLC]n	
1							AmeriHealth Caritas Kansas,				l'		BCBSM and IBC MH	l .l	
00000		00000	82-3313629				Inc	KS	I A	AMHP Holdings Corp	.Ownership	38.7	LLCBCBSM and IBC MH	N	
00000		00000	61-1857768				AmeriHealth Caritas New Mexico	NM.	IA	AMHP Holdings Corp	Ownership.	38.7	LLC	N	
										AmeriHealth Caritas Health			BCBSM and IBC MH		
00000		00000	. 27 - 0863878				PerformRx, LLC	PA	NIA	Plan	.Ownership	38.7	LLCBCBSM and IBC MH	∤N	
00000		00000	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx. LLC	Ownership	38.7	LLC	N	
													BCBSM and IBC MH]	
00000		00000	. 23-2842344				Keystone Family Health Plan	РА	NIA	BMH SUBCO I LLC	Ownership	19.4	LLC.	N	
00000		00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO II LLC	Ownership.	19.4	BCBSM and IBC MH	N	
00000		00000	. 20-2042044				Blue Cross Complete of Michigan	7	11117	AmeriHealth Caritas Health	'	18.4	BCBSM and IBC MH	[IV]	
00000		11557	47 - 2582248				LLC	MI	I A	Plan	Ownership	19.4	LLC	ļN	
													Blue Cross Blue Shield of Michigan		
										BCBSM and Accident Fund			Mutual Insurance		
00000		00000	36-4247278				BCS Financial Corporation	DE	NIA	Insurance Company of America.	Ownership	13.1	Company	N	

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
						Exchange if			Relationship)	` Board,	If Control is		Is an SCA	
Group		NAIC Company	ID	Federal		Publicly Traded (U.S. or	Names of Parent, Subsidiaries	Domiciliary	to Reporting	Directly Controlled by	Management, Attorney-in-Fact,	Ownership Provide	Ultimate Controlling	Filing Required?	
Code	Group Name	Conpany	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
													Blue Cross Blue		
													Shield of Michigan Mutual Insurance		
00000		80985	36-2149353				4 Ever Life Insurance Company	IL	IA	BCS Financial Corporation	Ownership	13.1	Company	N	
							, ,			· ·	·		Blue Cross Blue		
													Shield of Michigan Mutual Insurance		
00000		38245	36-6033921				BCS Insurance Company	OH	I A	BCS Financial Corporation	Ownership	13.1	Company	N	
							, , , , , , , , , , , , , , , , , , , ,						Blue Cross Blue		
							Plans' Liability Insurance			BCBSM and BCS Insurance			Shield of Michigan Mutual Insurance		
00000		26794	36-3503382				Company	0H	IA	Company	. Management		Company	l N	
													Blue Cross Blue		
													Shield of Michigan Mutual Insurance		
00000		00000	36-3120811				BCS Insurance Agency, Inc	IL	NIA	BCS Financial Corporation	Ownership	13 1	Company	l N	
			00 0120011				, 200 · · · · · · · · · · · · · · · · · ·				, a		Blue Cross Blue		
							D00 F''-I 0'						Shield of Michigan		
00000		00000	36-4303124				BCS Financial Services Corporation	DE	NIA	BCS Financial Corporation	Ownership	13 1	Mutual Insurance Company	N	
00000			00 4000124				001 por at 1011			Boo i indicial desposacion)		Blue Cross Blue		
													Shield of Michigan		
00000		00000					4 Ever Life International Limited	BMU	I A	BCS Financial Corporation	Ownership.	13 1	Mutual Insurance Company	l N	
00000							L11111100			Boo i maneral corporation	0 #11G1 3111 p	10.1	Blue Cross Blue		
													Shield of Michigan		
00000		00000	32-0485937				BCS Re Inc.	VT]IA	BCS Financial Corporation	Ownerchin	13 1	Mutual Insurance Company	l N	
00000			32-0403937					· · · · · · · · · · · · · · · · · · ·		bos i manerar corporation	ownersinp		Blue Cross Blue	JN	
													Shield of Michigan		
00000		00000	37 - 1732732				Ancilyze Technologies LLC	DE	NIA	BCS Financial Corporation	Ownerchin	6.5	Mutual Insurance Company	N N	
00000			31 - 11 321 32					J		boo i manerar corporation	. Owner sirrp		Blue Cross Blue	JJN	
													Shield of Michigan		
00000		00000	46-4945044				Ancilyze Insurance Agency LLC	IL	NIA	Ancilyze Technologies LLC	Ownership.	6.5	Mutual Insurance Company	N N	
00000		00000	40-4943044				Ancityze msurance Agency LLC		N I A	Alicityze reciliorogres Elc	. Owner Sirrp		Culliparty	JN	

Asterisk	Explanation

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6 Purchases, Sales or Exchanges of	7 Income/ (Disbursements) Incurred in	8	9	10	11	12	13 Reinsurance Recoverable/
NAIC					Loans, Securities, Real Estate, Mortgage	Connection with Guarantees or Undertakings for the		Income/ (Disbursements) Incurred Under		Any Other Material Activity Not in the Ordinary Course of		(Payable) on Losses and/or Reserve
Company	ID	November 1997 and Provide Control of the Affiliation	Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance	*	the Insurer's	T. (.)	Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	1	Business	Totals	Taken/(Liability)
54291	. 38-2069753	Blue Cross Blue Shield of Michigan Mu	19,000,000		ł		1,926,152,350	(8,485,375)		109,891,047	2,046,558,022	10,248,016
95610	. 38-2359234	Blue Care Network of Michigan			ļ		(1,583,196,307)	(15,569,325)		+	(1,598,765,632)	15,204,918
52037	. 38-2536979	Blue Care of Michigan, Inc.	40.000.000				(138,611)	(16,764)			(155,375)	
00000	27 - 0521030	Accident Fund Holdings, Inc.	12,000,000		 	ļ	(6,373,116)		ł	+	5,626,884	
10166	38-3207001	Accident Fund Insurance Company of Ameri	(21,000,000)		ļ		(42,862,432)		ļ		(63,862,432)	893,928,333
12304	20-3058200	Accident Fund General Insurance Company. Accident Fund National Insurance Company.			ļ		(45,888,589)		ļ	·	(45,888,589)	(304, 403, 638)
12305	20-3058291	Accident Fund National Insurance Company			 	ļ	(25,201,986)		ļ	+	(25,201,986)	(205, 158, 794)
10713	36-4072992	Third Coast Insurance Company			 	ļ	13,706		 	+	13,706	(040, 400, 744)
29157	. 39-0941450	United Wisconsin Insurance Company.					16,731,453		ļ		16,731,453	(246, 133, 711)
00000	. 38-3134881	BCN Service Company			ļ		(401,811,657)		ļ		(401,811,657)	
00000	. 45 - 1259278	EIN Properties LLC.					10,369,028		ļ		10,369,028	
11557	. 47 -2582248	Blue Cross Complete of Michigan LLC					(83,679,786)		ļ		(83,679,786)	
00000	. 38-2338506	Blue Cross Blue Shield of Michigan Fo					(1,313,460)		ļ		(1,313,460)	
12177	20-1117107	CompWest Insurance Co.					(10,957,183)		ļ		(10,957,183)	(138,232,190)
00000	20-1420821	LifeSecure Holdings Corporation		15,200,000					ļ		15,200,000	
77720	. 75-0956156	LifeSecure Insurance Company					(1,455,734)		ļ		(1,455,734)	
00000	. 58 - 1767730	NASCO Corporation					69,608,525		ļ		69,608,525	
00000	23-2859523	AmeriHealth Caritas Health Plan			ļ		32,281,504		ļ	- -	32,281,504	
00000		PerformRx, LLC.					5,914,755		ļ		5,914,755	
00000	45-3742721	Tessellate, LLC					124,640,625		ļ		124 , 640 , 625	
00000	47 - 2221114	Woodward Straits Insurance Company	(10,000,000)				(4,652,352)	24,071,463			9,419,111	(25, 452, 934)
00000		AF Global Capitol, Ltd	,				(1,198,353)		ļ		(1,198,353)	
00000	47 - 5653683	Visiant Holdings, Inc.					(51, 243, 083)		ļ		(51,243,083)	
00000	. 11-3738370	likaSvstems					(33,493,274)		ļ	(50,749,800)	(84, 243, 074)	
00000	81-3438452	COBX Co					64,589,736		ļ	(59,141,247)	5.448.489	
00000	61-1729412	PerformSpecialty, LLC					20,637,912		İ	1	20,637,912	
00000	36-4247278	IBCS Financial Corporation		(15,200,000)					<u> </u>	<u> </u>	(15,200,000)	
00000	. 26-4728075	Affinity Services, LLC.					1,920		<u> </u>		1,920	
15104	46-0906893	AmeriHealth Michigan, Inc.					(226,608)		<u> </u>	<u> </u>	(226,608)	
00000	45-5415725	AmeriHealth Caritas Services LLC					22,751,018		<u> </u>		22,751,018	
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.		YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
_	APRIL FILING	V/E0
5.		YES
6.		YES YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1? JUNE FILING	1 E3
8.		YES
9.		YES
	AUGUST FILING	
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
which t	lowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar complement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following ins.	le will be printed below. If
	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	N0
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	·	N0
14. 15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of	N0
13.	domicile and electronically with the NAIC by March 1?	N0
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0
17.	•	N0
18.	•	N0
19.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1? APRIL FILING	N0
20.		N0
21.		N0
22.	·	N0
23.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by	
		N0
24	AUGUST FILING Will Management's Penert of Internal Central Over Financial Penerting be filed with the state of demicile by August 12	NO
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	140
Explan	nation:	
11.		
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21.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

24 Bar code:

22

OVERFLOW PAGE FOR WRITE-INS

M004 Additional Aggregate Lines for Page 04 Line 14. *REVEX1 - Statement of Revenue and Expenses

	1	2	3
	Uncovered	Total	Total
1404. Consumer Incentives		1,162,015	615,927
1405. Health Ed. and Pop. Mgmnt		0	48
1406. Access to Care		345,204	0
1497. Summary of remaining write-ins for Line 14 from Page 04	0	1,507,219	615,975

M014 Additional Aggregate Lines for Page 14 Line 25.

*EXEXP - Underwri	ting and Investme	nt Exhibit - Part 3

	1	2	3	4	5
	Cost	Other Claim	General		
	Containment	Adjustment	Administrative	Investment	
	Expenses	Expenses	Expenses	Expenses	Total
2504. Donations	62,470		63,850		126,320
2505. Purchased Services	142,026		157,974		300,000
2597. Summary of remaining write-ins for Line 25 from Page 14	204,496	0	221,824	0	426,320

OVERFLOW PAGE FOR WRITE-INS

M007 Additional Aggregate Lines for Page 07 Line 13. *ANAOPS - Analysis of Operations by Lines of Business

	1	2	3	4	5		7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	6 Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1304. Consumer Incentives	1,162,015							1,162,015		
1305. Access to Care	345,204						<u> </u>	345,204		
1397. Summary of remaining write-ins for Line 13 from page 7	1,507,219	0	0	0	0	0	0	1,507,219	0	

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